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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

AUG 22 2016

DC

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

LOUIS C HARRIS

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

16-cv-8272

Judge Robert M. Dow, Jr.

Magistrate Judge Morton Denlow

PC1

(t)

vs.

DR. DAN WILLIAMS

LT. TIM WHITESIDE

COUNTY JAIL

LT. TIM ERICKSON

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: LOUIS C HARRIS
- B. List all aliases: DARREL JONES
- C. Prisoner identification number: B-33419
- D. Place of present confinement: STATEVILLE
- E. Address: Statesville P.O. Box-112 Joliet, IL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: DAN Williams ("Doctor")
 Title: Doctor
 Place of Employment: White Side county Jail
- B. Defendant: LT. TIM ERICKSON
 Title: LT. of the Jail
 Place of Employment: White Side county Jail
- C. Defendant: _____
 Title: _____
 Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: I CASE in my NAME
NO WAY for me to look it up
- B. Approximate date of filing lawsuit: The year 2000
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: LOUIS C. HARRIS Darrel Jones
- D. List all defendants: LOUIS C. HARRIS COOK county
SAC
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): COOK county
- F. Name of judge to whom case was assigned: don't remember
Judge NAME.
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): the CASE dismissed And resolved
- I. Approximate date of disposition: Sometime in 2000

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON The Above APProximated time I were
IN white Side County, Jail Dec-29-14 I
Told the intake in booking dept the medica
tion that I used, HCTZ 25 MG, blood Pressure
Artificial tears, PePsid 20 MG, I AM very
Hardship to say I did NOT received Any
Medication until Feb-2-15 by then my
blood Pressure was to high 165 over 145
The doctor could not get my blood pressure
Down So he gave me ANothere blood Pressure
Pill called AMALodpine 10 MG. in ~~week~~
one week I told the NURse that Pill is
Not working She said take the Pill, And put
IN to see the doctor, I went to see the
Doctor he Persuaded and INSist me to take
AMALodpine 10 MG. So I did by the third week
My heart started to flutting I feel Pain
under my left foot behind my left knee And

Legs under my left buttox I were
Having A irregular heart beat I was
~~only~~ Given NORCOXIN 400 mg. in the morning
400 mg. in the evening NO other treatment.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to be Free From cruel AND
UNUSUAL Punishment under the LAW I NOT
Geting proper medication I Need For my
Health to survive.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 3 day of 10, 2016

Louis C Harris

(Signature of plaintiff or plaintiffs)

LOUIS C HARRIS

(Print name)

B-33419

(I.D. Number)

STATEVILLE P.O BOX - 112

SOLET, FL 60434

(Address)